

UNIVERSAL PRECAUTIONS AND STANDARD PRECAUTIONS

Universal Precautions is the terminology used throughout this document to address infection control practices that are effective in protecting both the employee and those they serve. These infection control practices (e.g. hand washing and use of barriers for protection) are intended for use in all situations where human blood or body fluids are present and are designed to protect the user from BLOODBORNE infections, especially HIV and hepatitis B (HBV). The use of the term Universal Precautions (UP) has become nationally utilized since the OSHA BLOODBORNE Pathogen Standard was placed into regulation (1990). When UP strategies are properly applied they are effective in protecting against the transmission of infectious body fluids.

Standard Precautions is new terminology which is addressed in the recent publication "Guideline For Isolation Precautions In Hospitals" printed in both the AMERICAN JOURNAL OF INFECTION CONTROL, and in INFECTION CONTROL AND EPIDEMIOLOGY. Standard precautions are inclusive of Universal Precautions and additional infection control practices that have been in use under several different names, i.e. blood and body substance isolation (BSI). (See Attachment C)

The recommendations are intended primarily for use in the care of patients in acute-care hospitals although some of the recommendations may be applicable for some patients receiving care in subacute-care or extended-care facilities.The revised guideline contains two tiers of precautions. In the first, and most important, tier are those precautions designed for the care of all patients in hospitals regardless of their diagnosis or presumed infection status. Implementation of these "Standard Precautions" is the primary strategy for successful nosocomial infection control. In the second tier are precautions designed only for the care of specified patients. Usually found in acute hospitals these additional "Transmission Based Precautions" are used for patients known or suspected to be infected or colonized with epidemiologically important pathogens that can be transmitted by airborne or droplet transmission or by contact with dry skin or contaminated surfaces.¹

Note that in the first tier of Standard precautions the statement "precautions designed for the care of all patients" is the core component of the Universal Precautions (UP) first introduced by the CDC in a 1985 MMWR and applied to strategies for the protection of persons in contact with blood or body fluids in any situation. Expanded updates of UP were published in the MMWR in 1986, 1987, and 1988.

¹Garner JS. The CDC Hospital of Infection Control Practices Advisory Committee. Guideline for Isolation Precautions in Hospitals Part I. Evolution of Isolation Practices. AM J Infect. Control 1996;24:25